Parties must be filed electronically.

PAGE 02/07

Clinton

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, towa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

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YES

Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) FORM -cleat DUDELLIS DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: (Rev. 12/2009) REPORT)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (For Office Use Only 11) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Logged In Candidate Name Scanned <u>SV</u> Computer 51 Office Sought District (if Senate or House) Audited Linton (20% ENTS OF Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. 563-659-5 TELEPHONE I AM FILING A REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. Indicate by # (report date) ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election ☐ Check If this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held dinton STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (""also see debts and loans below)............ Schedule F: Loan Repayments total (Attach Schedule F).....

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$

****UNPAID BILLS (From Schedule D - Attach Schedule D) \$

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$

***OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$

SCHEDULE

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

5636595633

MONETARY (Including candidate's personal funds) (Rev. 07/03) RECEIPTS COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS BOX IF AMENDING FORM Jupervison mmittee

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE). LIST THE PAC IDENTIFICATION DISCLOSURE BOARD,

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND RAISER
9/22/10	CK#	Diane Cassaday Harts Har Rd Histor IA 5272		\$ /00.00	INCOME
9/17/10	ID# CK#	Hike Walf 94 & 32nd St Clinton, 14 52782		50.00	
9/22/10 9/17/10 9/29/10	ID# CK#	Chinton Proposition Nomes POBON 455 Chatan 1A EXBZ		320.00	
9/20/10	ID# CK#	Shor Hangan 223 320hAr Dewith, 1A 52142		/25.00	
	ID# CK#			-	
	ID# CK#				
<u>/</u>		TOTAL (if last page		\$ 595.00	

[&]quot; Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES. LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

Me-C	lect laws	on Supervisor Committe	= -	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/9/10		Wal Mart 2715 9 2574 St Chaten, 1A 52732	Cardy for Parades	\$ 574.75
9/23/10		CAS 2842 262nd St Dewitt, IA 52742	Wire for Campaign Signs	.53,72
9/28/10		Cliston Herald 221 Ceta Are Cliston, 14 52732	Adourtiuments	689.33
9/10/10		Clinton Printing 1402 Roosenst St Clinton 14 53777	Flyers and Koozies	8/3.20
10/11/10		The Observer POBOX 49 DeWitt, 1A 52742	Advertisements	404.34
9/11/10		La Mar Advertising 1680 Elm St Dubugue, 1A 52001	Billboards	2135.00
9/11/10		KROS 870 13th Ane N Clinton, 1A 52732	Radio Ads	406.00
9/11/10	ID# CK#	KMAQ 129 N. Hein St Hequokula, 1A 52040	Radio Ads	200.00
			SUB-TOTAL TOTAL (If last page of this schedule)	\$ 5364.3Y

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-reising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	 •	Of	- Lane

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE, A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF NDING FORM

Re-ca	ENAME (Must be	same as on Statement of Organization,	villee	•
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMÓUNT EXPENDED
10/5/10		Clinton Printing 1402 Boosers & St Clinton, 14 52732	yard signs	\$ 443.40
	ID# CK#			
	ID#			
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	CK#			
			SUB-TOTAL	\$ 663.40
			TOTAL (if last page of this schedule)	\$ 6027.74

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitios providing consulting, advertising, fund-reising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM		
	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 06/97)	IN-KIND CONTRIBUTIONS
Re-elect Davisson Superison Committee	(1.007 0007)	CONTRIBUTIONS
		THIS BOX IF
Process and the second	AMENE	DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (If applicable)	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR FUND-RAISER
9/30/10	Tyler Doneson 100 44.5t Calemus IA 52729	Son	Business Ads	VALUE \$ 2,/90.15	CONTRIBUTION
9/29/10	Clinton County Republican Control Committee PO Box 455 Clinton, IA 52732	none	Ads	/55.28	
		,	SUB-TOTAL TOTAL (If last	\$	
			page of this schedule)	2,345.43	

"Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page_ (for Schedule E)

R INSTRUCTIONS, SE			RESET	SCHEDULE
MMITTEE NAME(Mus	t be same as on Statement of Org	ranization)		F LOAN (Rev. 02/08) RECEN
Me-elect L	DAVISON Supervis	or Committe	re	& REPA
	orts money loaned to the committee			CHECK THIS BO
	FROM <u>Last</u> reporting perio			AMENDING FOR
TI- MONETARY LO	ANS RECEIVED THIS DEBORM	NO BEDIOR		
(Original source	of loan, such as a bank, must be s	shown if a third party is in	volved. Include loans from cand	idate's personal funds.)
DATE I	NAME AND ADDRESS	OF LEVEL -		
RECEIVED (MM/DD/YR)	(Include Endorser's Name	of LENDER :, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable	AMOUNT OF LOAN
	II Do			Š
11/10/19	ill Davisson 39 215462			,
9/1/10	39 215th >	.52 7.51	Candidah	5,432.74
		00,0		
Ì				
I			i i	
			TOTAL (PART I)	\$ <u>5.432,74</u>
IT II - MONETARY L	OAN REPAYMENTS MADE <u>THIS</u>	REPORTING PERIOD	TOTAL (PART I)	\$ <u>5,432,74</u>
TII - MONETARY L (Loans forgiven	OAN REPAYMENTS MADE <u>THIS</u> must be reported on Schedule E -	REPORTING PERIOD - In-kind Contributions.)	TOTAL (PART I)	\$ <u>5,432,74</u>
DATE PAID	NAME AND ADDRESS O	- In-kind Contributions.)	RELATIONSHIP TO	AMOUNT PERAID
DATE PAID	must be reported on Schedule E -	- In-kind Contributions.)		AMOUNT REPAID
DATE PAID	NAME AND ADDRESS O	- In-kind Contributions.)	RELATIONSHIP TO	AMOUNT PERAID
DATE PAID	NAME AND ADDRESS O	- In-kind Contributions.)	RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	NAME AND ADDRESS O	- In-kind Contributions.)	RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	NAME AND ADDRESS O	- In-kind Contributions.)	RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	NAME AND ADDRESS O	- In-kind Contributions.)	RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	NAME AND ADDRESS O	- In-kind Contributions.)	RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	Must be reported on Schedule E - NAME AND ADDRESS O (Include Endorser's Name,	- In-kind Contributions.)	RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	Must be reported on Schedule E - NAME AND ADDRESS O (Include Endorser's Name,	- In-kind Contributions.)	RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	Must be reported on Schedule E - NAME AND ADDRESS O (Include Endorser's Name,	- In-kind Contributions.)	RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	Must be reported on Schedule E - NAME AND ADDRESS O (Include Endorser's Name,	- In-kind Contributions.)	RELATIONSHIP TO	AMOUNT REPAID
DATE PAID	Must be reported on Schedule E - NAME AND ADDRESS O (Include Endorser's Name,	- In-kind Contributions.)	RELATIONSHIP TO	AMOUNT REPAID
(Loans lorgiven	Must be reported on Schedule E - NAME AND ADDRESS O (Include Endorser's Name,	- In-kind Contributions.) PF LENDER If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
DATE PAID	NAME AND ADDRESS O (Include Endorser's Name,	TOTAL CASH RI	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
DATE PAID	NAME AND ADDRESS O (Include Endorser's Name,	TOTAL CASH RI	RELATIONSHIP TO CANDIDATE* (If Applicable) EPAYMENTS (PART II) LOANS FORGIVEN	AMOUNT REPAID
DATE PAID MM/DD/YR)	NAME AND ADDRESS O (Include Endorser's Name,	TOTAL CASH RI Om Schedule E TOTAL STANDING LOANS ENE	RELATIONSHIP TO CANDIDATE* (If Applicable) EPAYMENTS (PART II) LOANS FORGIVEN OF REPORT PERIOD	AMOUNT REPAID
DATE PAID MM/DD/YR) Idosure law requires or	NAME AND ADDRESS O (Include Endorser's Name,	TOTAL CASH RI Om Schedule E TOTAL STANDING LOANS END e relationship of any refa	RELATIONSHIP TO CANDIDATE* (If Applicable) EPAYMENTS (PART II) LOANS FORGIVEN O OF REPORT PERIOD tive	AMOUNT REPAID